

## NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR  
NAVY CONTRACT POSITIONS  
08 DEC 03

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 06 JAN 03 SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 02, 22L  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: "CODE 22L"

A. NOTICE. **This position is set aside for a Non-Invasive Cardiologist.** Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who is currently board certified in Cardiovascular Disease as determined by the American Board of Internal Medicine. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

Services shall be provided at the Naval Medical Center, Portsmouth, VA. Services shall be provided in support of the Thoracic Surgical Clinic, or other departments, as required.

You shall be on duty in the assigned clinical areas between the hours of 0700 and 1730. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour meal break) Monday through Friday. At the mutual agreement of you and the Government, an alternate work schedule may be implemented. Specific hours will be determined by the Government depending on patient volume and clinical scheduling needs. You shall arrive for each scheduled shift in a well-rested condition with at least six hours of rest from all other medical duties.

You shall accrue eight hours of personal leave at the end of every 2 week period worked. Personal leave shall be used for both planned (vacation) and unplanned (sickness) absences. Up to 80 hours of leave may be carried over from one fiscal year to the next, as long as the balance carried over is used by 31 December of that same calendar year. This contingency for leave carry over does not apply if the following option period is not exercised by the Government or during the last option year of the contract. Unless providing on-call services, your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, Naval Medical Center, Portsmouth, VA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. Actual clinical activity will be a function of the Commander's credentialing process and the overall demand for Cardiology Services. The duties and responsibilities contained herein apply to all services provided by Cardiologists performing services under this contract. Actual health care worker clinical activity will be in accordance with the statement of work and the overall demand for services. Health care worker productivity is expected to be comparable with that of Cardiologists authorized the same scope of services.

1. Administrative Duties and Responsibilities. You shall perform a full range of Non-Interventional Cardiologist services for medical staff, support personnel, inpatients and outpatients using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall:

1.1. Provide supervision and/or periodic training to members of the NMCP technical staff. Topics will include, but not be limited to cardiology procedures, developments, or related issues. This requirement may fluctuate during the period of the contract, but changes will be minor. This includes the actual training and completion of the training evaluation.

1.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

1.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

1.5. Participate in the implementation of the Family Advocacy Program as directed.

1.6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

1.7. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross

Cardio Pulmonary Resuscitation (CPR) for the Professional Rescuer; or equivalent.

1.8. Possess current ACLS.

1.9. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.10. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. **CLINICAL RESPONSIBILITIES.** The health care worker shall provide specialized physician care in the diagnosis and management of a broad spectrum of cardiovascular diseases to include, but not limited to:

2.1. Care for acute and chronic cardiovascular diseases, emphasizing accurate ambulatory and bedside clinical diagnoses, appropriate use of diagnostic studies, and integration of all data into a well-communicated consultation with sensitivity to the unique needs of each individual patient.

2.2. Integrate current concepts in cardiology into a comprehensive diagnostic and therapeutic concept of care.

2.3. Provide a broad clinical expertise and insight, emphasizing the pathophysiology, therapeutic and preventive aspects of care.

2.4. Provide care in an ethical, moral and humanistic manner.

2.5. Serve as a high level expert consultant and procedural specialist to members of the healthcare team in all aspects of cardiac medical care.

2.6. Provide expert physician clinical and consultative cardiac care for inpatient cardiac care, intermediate and acute care units, coronary care units, cardio-thoracic/cardiovascular surgery, congenital heart disease, heart failure/cardiac transplantation, preventive cardiology, and vascular medicine.

2.7. Provide expert physician clinical and consultative cardiac care for non-invasive imaging to include echocardiography, Doppler, non-invasive and peripheral vascular studies, and nuclear cardiology techniques.

2.8. Provide expert physician clinical and consultative cardiac care for cardiovascular magnetic resonance, electron beam, and/or fast helical computed tomography.

2.9. Provide expert physician clinical and consultative cardiac care for electrocardiography, stress testing, and ambulatory electrocardiographic (ECG) monitoring.

2.10. Provide expert physician clinical and consultative cardiac care for arrhythmia management, permanent pacemaker management and electrophysiology.

2.11. Provide Advanced Cardiac Life Support (ACLS), including cardioversion; electrocardiography, including ambulatory monitoring and exercise testing; echocardiography.

2.12. Serve as the primary clinical expert for the indication, interpretation, knowledge of cardiac complications, risk benefit analyses, and cost benefit analyses of the full range of cardiology and cardio-thoracic processes, procedures and, comorbidities.

2.13. Be knowledgeable of the bio-statistics and epidemiology of cardiac disease.

- 2.14. Provide an expert knowledge of related science in areas of anatomy, physiology, pharmacology, pathology, genetics, biophysics and biochemistry that are pertinent to the practice of cardiology, particularly vascular biology, thrombosis and molecular biology.
- 2.15. Collaborate with anesthesia colleagues in pre- and post-operative management of patients with cardiac disease for cardiac and non-cardiac surgery, as well as cardiac procedures that require anesthesia.
- 2.16. Provide an expert knowledge of the interrelationship between pregnancy and heart disease. Manage patients with heart disease including the safe use of cardiovascular drugs during pregnancy.
- 2.17. Provide an expert knowledge of the physiology of cardiovascular system in response to exercise and stress and the alterations produced by aging and disease.
- 2.18. Provide an expert knowledge of the gross and microscopic pathology of all major forms of heart disease.
- 2.19. Provide an expert knowledge of the effects of aging on cardiovascular disease and therapy.
- 2.20. Provide pre- and post-operative management of patients, to include the selection and timing of operative intervention, and the selection of operative procedures.
- 2.21. Provide both inpatient and outpatient consultative opinions for members of the MTF's staff as requested. Timely consultative opinions shall be provided within 72 hours (for "routine" consultation requests); within 24 hours (for "same day" consultation requests); and immediately (for "stat" consultation requests).
- 2.22. Direct and provide appropriate diagnostic and therapeutic measures for inpatients.
- 2.23. Maintain a cohesive and constructive working interaction with the Cardio-thoracic, Vascular and Pulmonary Disease Services of the NMCP.
- 2.24. Provide expert knowledge of the pharmacological interventions associated with cardiac care including anticoagulant drugs, thrombolytic drugs, antiplatelet drugs, antilipemic drugs, angiotensin-converting enzyme (ACE) inhibitors, diuretics, antiarrhythmic drugs,  $\alpha$ -adrenergic blocking agents,  $\beta$ -adrenergic blocking agents, calcium channel-blocking agents, nitrates, inotropic agents, sympathomimetic agents, and hormone replacement therapies. Pharmacology expertise shall recognize the dietary renal and hepatic function and geriatric influence on drug therapy.
- 2.25. Interpret cardiovascular X-Ray films with particular reference to vascular structures and special cardiovascular radiologic procedures.
- 2.26. Recognize emergencies and respond with appropriate protocol; e.g. resuscitation, oxygen, emergency drugs, cardiac massage, application of medical equipment and other, as established by the medical staff.
- 2.27. Provide comprehensive, competent and empathetic care that allays apprehension and gains the cooperation and support of the patient, spouse, significant other and family.
- 2.28. Assist in quality assurance and quality improvement programs.
- 2.29. Participate in clinical investigations.
- 2.30. Refer patients appropriate to their need. Receives referrals from other members of the healthcare team.

- 2.31. Continually assess, evaluate and adjust functional capacity and behavioral goals of individual patients to adjust their program of care for desired outcomes.
- 2.32. Assist in the provision of postoperative management of Cardio-Thoracic surgery patients.
- 2.33. Provide detailed explanations and recommendations, as requested, to members of the NMCP medical staff regarding quality of care issues. These recommendations are generally due within 5 days of the request.
- 2.34. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 2.35. Participate in peer review and performance improvement activities.
- 2.36. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
- 2.37. Maintain an awareness of responsibility and accountability for own professional practice.
- 3. CLINICAL EXPERIENCE. You shall be capable of performing the clinical procedures and/or processes in the following broad practice areas, including:
  - 3.1. Complete cardiac physical examinations.
  - 3.2. Understanding, diagnosis, prevention and treatment of cardiovascular disease.
  - 3.3. Cardiac Intensive Care.
  - 3.4. Ambulatory, Outpatient and Follow-up Care.
  - 3.5. Electrocardiography.
  - 3.6. Echocardiography and stress echocardiography.
  - 3.7. Advanced Imaging Techniques.
  - 3.8. Heart Failure
  - 3.9. Congenital Heart Disease
  - 3.10. Vascular Medicine
  - 3.11. Preventive Cardiology

4. ORIENTATION – Command, Clinical and Unit. Orientations shall take place as part of normal working hours.

- 4.1. You shall successfully complete Command and Clinical orientations over a 4 day period, as

scheduled by the government. Command orientation occurs over a two day period, consisting of two 8-hour days which cover JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation occurs over a two day period, consisting of two 8-hour days which cover NMCP policies and procedures, IV certification (as applicable), an overview of the laboratory, x-ray, and pharmacy departments, etc. On a case-by-case basis, orientation may be waived by the Government if you are currently, or have previously worked at the NMCP.

4.2. Unit Orientations. Unit Orientation shall be complete on the job following task order start. The duration of Unit Orientation varies depending on the clinical area to which the health care worker is assigned. Unit Orientation shall include, but is not limited to the specific procedures and policies in the assigned unit.

4.3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

4.3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

4.3.2. The regulations and standards of professional practice of the treatment facility, and

4.3.3. The bylaws of the treatment facility's professional staff.

#### 5. CREDENTIALING AND PRIVILEGING REQUIREMENTS.

5.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66D, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the NMCP.

5.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Graduate of a medical school approved by the Liaison Committee on Medical Education of the American Medical Association or the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).

2. Possess a current, active, unrestricted license to practice as a physician in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The Contractor shall comply with all applicable licensing regulations. All state medical licenses held by each Cardiologist must be submitted as part of the credentialing package.

3. Certification in Cardiovascular Disease as determined by the American Board of Internal Medicine and their subspecialty Board in Cardiovascular Disease.

4. Current certification in Advanced Cardiac Life Support (ACLS) that may be achieved prior to commencement of services, or within 3 months following either (a) contract start or (b) the effective date of delineated clinical privileges.

5. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a supervisor. The other two letters must be from either clinic or hospital administrators, or practicing physician. Reference letters shall attest to the quality and quantity of experience including, but not limited to, the communication skills between physician and patient and among peers, and must include name, title, phone number, date of reference, address and signature of the individual providing reference.

6. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.

7. Represent an acceptable malpractice risk to the Navy.

8. Submit a fair and reasonable price that has been accepted by the Government

E. Factors to be used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and Quantity of experience as it relates to the duties contained herein, then,

2. The letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,

3. Candidates with medical experience in a DOD facility may receive a higher ranking, then,

4. Total Continuing Education hours.

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed " Personal Qualifications Sheet – Non-Invasive Cardiologist " (Attachment 1).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment 3).
4. \_\_\_\_\_ Two or more letters of recommendation per paragraph D.5., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. \_\_\_\_\_ Small Business Representation (Attachment 5)

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at <sup>6</sup> (301) 619-2335.

We look forward to receiving your application



## PERSONAL QUALIFICATIONS SHEET – NON-INVASIVE CARDIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item X of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held with the preceding 10 years, copy of BLS, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

## PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_(mm/dd/yy)  
(Date)

Personal Qualifications Sheet – Non-Invasive CardiologistI. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

II. Professional Education: Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG). (Section D, Item 1)

Degree from: \_\_\_\_\_  
(Name and location of the school)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

III. Board Certification: Possess sub-specialty board certification in Cardiovascular Disease as determined by the American Board of Internal Medicine. (Section D. Item 3)

IV. Professional Licensure (Medical License must be current and valid) (Section D, Item 2)

\_\_\_\_\_  
(mm/dd/yy)

State Date of Expiration

V. Drug Enforcement Agency Number

\_\_\_\_\_  
(mm/dd/yy)

State Date of Expiration

VI. Advanced Cardiac Life Support(ACLS): Current certification in ACLS. (Section D. Item 4)

Training Type listed on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/dd/yy)

VII. Approved Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Professional Employment: List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
_____	_____	_____

(1) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Names and Addresses of Preceding Employers(2) \_\_\_\_\_ From To\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_(3) \_\_\_\_\_ From To\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

IX. Employment Eligibility: (Section D, Item 6)Do you meet the requirements for U.S. Employment  
Eligibility contained in Section V? Yes No  
\_\_\_\_\_X. Professional References: Provide two letters of recommendation from practicing internists attesting to your clinical skills. Reference letters must have been written within the preceding 5 years and include name, title, phone number, date of reference, address and signature of the individual providing reference. (Section D. Item 5)XI. Additional Medical Certification, Degrees or Licensure:Type of Certification, Degree or License and Date of Certification or Expiration\_\_\_\_\_  
\_\_\_\_\_

---

XII. I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
(Signature)      \_\_\_\_\_(mm/dd/yy)  
(Date)

## ATTACHMENT 2

## PRICING SHEET

## PERIOD OF PERFORMANCE

Services are required from 01 March 2004 through 30 September 2004. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

## PRICING INFORMATION

(a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Non-Invasive Cardiologist in the Portsmouth, VA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

(c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S. C. 1090.

(d) Price Proposal:

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Non-Invasive Cardiologist at the Navy Medical Center, Portsmouth, VA. in accordance with this Application and the resulting contract.				
0001AA	Base Period: 01 March 04 through 30 Sep 04	1232	HRS	\$ _____	\$ _____
0001AB	Option Period I; 01 Oct 04 through 30 Sep 05	2088	HRS	\$ _____	\$ _____
0001AC	Option Period II; 01 Oct 05 through 30 Sep 06	2080	HRS	\$ _____	\$ _____
0001AD	Option Period III; 01 Oct 06 through 30 Sep 07	2080	HRS	\$ _____	\$ _____
0001AE	Option Period IV; 01 Oct 07 through 30 Sep 08	2096	HRS	\$ _____	\$ _____
0001AF	Option Period V: 01 Oct 08 through 28 Feb 09	864	HRS	\$ _____	\$ _____

Printed Name \_\_\_\_\_

AML-03-04

NON INVASIVE CARDIOLOGIST  
PORTSMOUTH

Signature

\_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT 3****LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C****LIST B**

Documents that Establish Identity  
Eligibility

1. Driver's license or ID card issued by a state or outlying than a possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph

**LIST C**

Documents that Establish Employment

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county,

4. Voter's registration card

5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

municipal authority or outlying  
possession of the United States bearing  
an official seal

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

7. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).



## ATTACHMENT 4

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**CENTRAL CONTRACTOR REGISTRATION INFORMATION:**

Date CCR application was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

Assigned CAGE Code: \_\_\_\_\_

**ATTACHMENT 5****SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below. NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ \_\_\_ Black American.
- ☐ \_\_\_ Hispanic American.
- ☐ \_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ \_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
- ☐ \_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

**Offeror's Name :** \_\_\_\_\_

**Notice of Contracting Opportunity No.:** \_\_\_\_\_